

To be submitted as part of annual report to City

REV 2/2015

Bioretention Inspections and Maintenance Checklist

| Location: |
|--|
| Address:Phone Number: |
| Site Status: Date: Time: Site conditions: Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended) Comments/Description |
| Date: Time: Site conditions: |
| Inspection Frequency Key: A=annual (required); M=monthly (recommended); S=after major storms (recommended) Comments/Description |
| Comments/Description |
| Inspection Items Output Description Comments/Description |
| Inspection Items (Yes/No) Maintenance Needed? (Yes/No) (Yes/No) |
| Pre-Treatment Area |
| Area free of debris? A/M |
| Standing water longer than 24 hours after a storm event? A/S |
| Bare soil or erosion? M/S |
| Excessive landscape waste/yard clippings? A/M |
| Inlet/Outlet Structures |
| Inlets provide stable conveyance into the facility? |
| Evidence of erosion at or around inlet? |
| If connected to extended detention, is a outlet to pond functioning properly? |
| Other A A |
| Basin |
| Adjacent area fully stabilized (no evidence of eroding material into Bioretention area)? |
| Plant height not less than design ponding depth? |
| Adequate media layer present? A |
| Plant composition according to approved plan? |
| Is there any sign of mowing or disturbance? A/M |
| Vegetation overgrown? A |
| Invasive species/weeds present? A |



To be submitted as part of annual report to City

REV 2/2015

| Inspection Items | Inspection Frequency | Inspected? (Yes/No) | Maintenance Needed? (Yes/No) | Comments/Description | |
|---|-------------------------|------------------------|------------------------------------|----------------------|--|
| Dead vegetation or exposed soil present? | A | | | | |
| Maintenance access to facility? | A | | | | |
| Excessive trash/debris/sediment? | A | | | | |
| Evidence of erosion? | A | | | | |
| Evidence of standing water (Ponding, Noticeable Odors, Water Stains, Algae)? | A/M | | | | |
| If underdrain system, is it broken or clogged? | A/M | | | | |
| Overflow structure free of blockage and operating properly? | A | | | | |
| Other | A | | | | |
| Hazards | | | | | |
| Have there been complaints from residents? | A/M | | | | |
| Public hazards noted? | A/M | | | | |
| Mosquito proliferation? | A/M | | | | |
| Is there encroachment on pervious area or | A/S | | | | |
| easement by buildings or other structures? | | | | | |
| Inspector Comments: | | | | | |
| Overall Condition of Facility: Acceptable Unacceptable | | | | | |
| If any of the above Inspection Items are checked "Yes" for "Maintenance Needed," list Maintenance actions and their completion dates below: | | | | | |
| Maintenanc | Due Date | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| The next routine inspection is scheduled for approximately: | | | | | |
| Inspected by: (printed) | | | | | |